

Financial Aid Office 905 Grant Avenue SE Bemidji, MN 56601-4907 218-333-6600

Fax: 218-333-6698

tudent	Name (please print)	NTC Student ID	
INFOR	MATION RELEASE:		
1. 2.	data to determine my eligibility for funding.		
3.	I understand that my information release will remain in effect until June 30, 2024 or until I submit a written notice canceling or changing the person or persons to whom information is released.		
	Name	Relationship	
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1.	If I receive financial aid funds, I understand NTC will apply those funds directly to my tuition, fees and/or room and board charges for the current academic year. I will use Federal Title IV financial assistance received only for expenses related to my study at NTC. I also authorize NTC to credit my Federal Title IV funds to my other miscellaneous educational charges such as bookstore charges, late fees, up to \$200 of unpaid prior year charges, etc. Authorization is voluntary and I may rescind this request in writing at the NTC FAO at any time. If I answer "NO", I must use other means for paying all miscellaneous charges.		
		YES NO	
CERTIF	CICATION:		
notice	canceling or changing the person chorization to credit my account w	will remain in effect until June 30, 2024 or until I submit a writter or persons to whom information is released. I also understand that II remain in effect unless I submit a written notice requesting that	
Studer	nt Signature (please sign in ink)	 Date	